METRO CRISIS
COORDINATION PROGRAM

Overview of Services and Making a Referral

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Objectives

- MCCP's history and mission
- Current structure and services (including who is eligible)
- How to make the most of your referral

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Background

1996 - Collaborative effort with Mount Olivet Rolling Acres and the 7 Metro Counties

DD/Related Condition (RC) only

- Initially – Only Technical Assistance was provided by behavioral specialists
- Added Information & Referral (I&R) to crisis homes
- Staff Augmentation added a few years later
- In 2019 expanded to serving individuals with a **Mental Health** diagnosis receiving services through a CADI Waiver
- In 2024 – adding 5 new children's beds that will service individuals on the CADI & DD waivers
- Currently- 18 staff ~ 675 referrals a year

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Mission

A community crisis safety-net for persons with IDD, Related Conditions (RC), and those on CADI waiver

Provide and facilitate **immediate and cost-effective services**

Focus on **PREVENTATIVE** measures

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Goals

- To **prevent** crisis affecting the residential, work, and/or educational placements
- To provide **timely** behavioral consultations and assessments
- To operate **in conjunction** with existing services
- To **reduce** the need for psychiatric hospitalizations resulting from behavioral crises and allow people to successfully remain in the community

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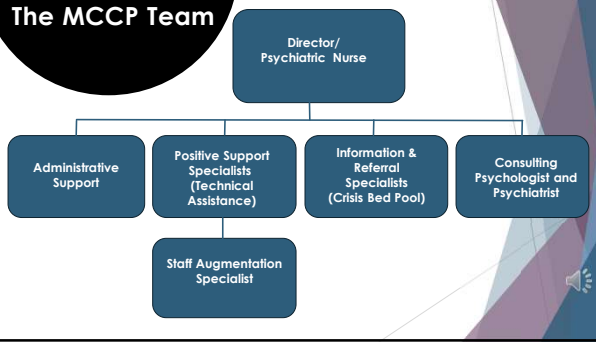
The MCCP Team



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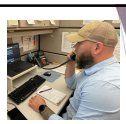
Services


Technical Assistance

Short-term involvement (up to 90 days) of a behavioral specialist for the provision of behavioral assessment, considerations, tools, and trainings to individuals and their caregivers to help prevent and address undesirable/interfering behaviors.

Staff Augmentation

Specialists to mentor/ coach caregivers in applying the considerations provided by the PSS. Works within the same timeline as Technical Assistance. This support is prioritized based on need and availability.

Information & Referral

Coordination of the admission and discharges to 11 crisis homes (50 beds) throughout the metro area.

Maintain crisis bed pool, prioritize for crisis bed placement, and attend bi-weekly crisis support meetings.

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Services

Technical Assistance

A Positive Support Specialist (PSS) provides a timely behavioral consultation and assessment that includes, records review, interviews with team members, and in-person observations.

The Final Product depends on Team Participation

- MCCP helps bring **understanding of the behavior** and **options for consideration** so caregivers can find a plan that works long term.
- Caregivers must decide what plan to implement. MCCP can assist with **ideas, tools, and training.**

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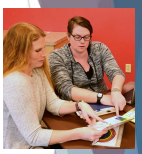
Technical Assistance (90 days)



Introductions

- PSS contacts team within 3 business days (phone/email)
- Gather information and **identify main behavior concerns/desired outcome**

3-4 Visits/observations (about an hour each)

- PSS observes the individual and their caregivers interact
- Follows up with team after the visits with initial thoughts

Most common "products" from MCCP Technical Assistance

- Strategies, tools
- Assessment and Considerations / 4 Stage Crisis Plan / Behavior Support Plan
- Training for caregivers

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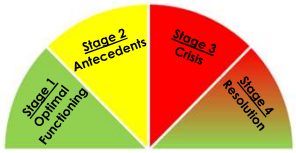
4-Stage Crisis Plan / Behavior Support Plan

Personalized description of signs of **emotional/behavioral escalation** and **Strategies at each stage** for helping the person manage de-escalation



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Assessment and Considerations

Description of the Person and
- behavior
- triggers
- likely function (how it meets a need)

Proactive and Reactive strategies

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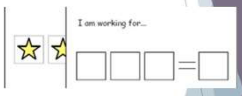
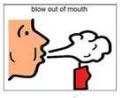
Visual Tools/Supports

Communication
- choice boards
- visual schedules
- Reinforcement charts and tokens

Positive Psychology
- Wellness Activities
- Coping skills

Worksheets
Journaling
Anger Management
Problem Solving
Social Stories





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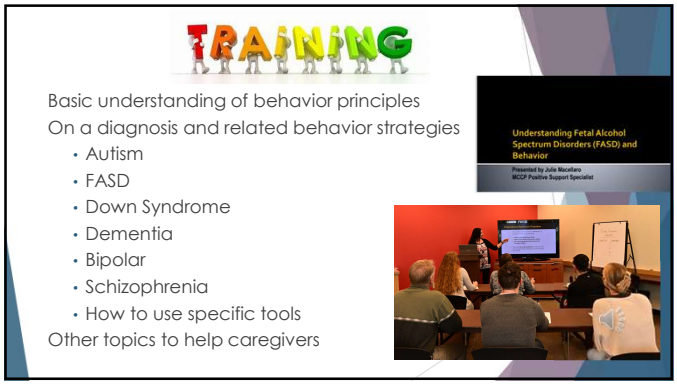
TRAINING
Basic understanding of behavior principles
On a diagnosis and related behavior strategies
• Autism
• FASD
• Down Syndrome
• Dementia
• Bipolar
• Schizophrenia
• How to use specific tools
Other topics to help caregivers
Understanding Fetal Alcohol Spectrum Disorders (FASD) and Behavior

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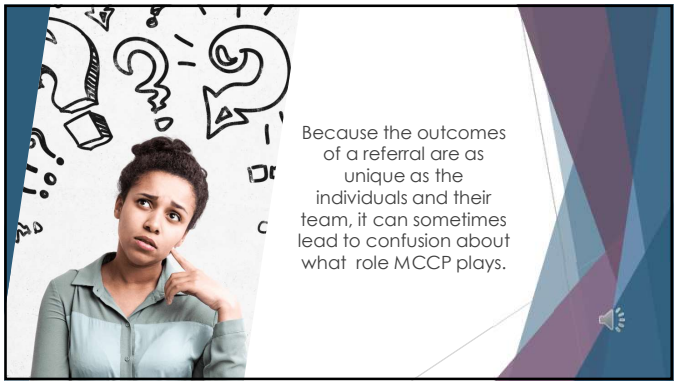
Because the outcomes of a referral are as unique as the individuals and their team, it can sometimes lead to confusion about what role MCCP plays.

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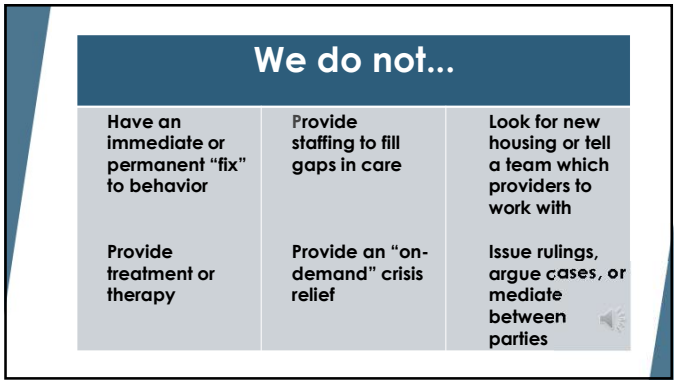
We do not...
Have an immediate or permanent "fix" to behavior
Provide staffing to fill gaps in care
Look for new housing or tell a team which providers to work with
Provide treatment or therapy
Provide an "on-demand" crisis relief
Issue rulings, argue cases, or mediate between parties

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MCCP Services

Staff Augmentation

- The Staff Augmentation Specialist work in conjunction with PSS.
- Must have an open TA case
- They do not replace staff or caregivers.
- Provides role modeling and coaching to caregivers on the implementation of strategies and tools
- Scheduled for 1-2 weeks at a time
- Supports available up to 90 days for a maximum of 200 hours
- There is a pool for support, based on need and availability (ie, there is not a first come first serve waitlist)

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We do not...

Administer medication	**Work with people without caregiver(s) on the premises**	**Schedule without an open referral**
Transport people served	**Don't offer "hands on" support**	**Fill gaps in staffing**

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MCCP Services

Information & Referral
(crisis placement)

MCCP is the centralized entry point for crisis placement for the Metro County System for IDD beds and a home which serves children/adolescents who are CADI/non-185 eligible

Facilitate the process for prioritizing individual referrals for crisis placement, based on degree of need and fit

Provide ongoing support for crisis home teams

***Referrals can request both TA and crisis placement simultaneously if needed**

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Information & Referral

MCCP maintains the "pool" of referrals made for crisis bed placement (there is no waitlist, individuals are prioritized by need/fit).

Currently there are:
- 12 DD child/adolescent crisis beds
- 24 DD adult crisis beds
- 4 DD adult transition beds
- 4 CADI child crisis beds

These crisis beds are typically located in single family, 4-bedroom homes (modified as needed for safety/security), providing a private bedroom per individual.

Each county has their own internal process for making a referral to place someone in the crisis bed pool. Check with your supervisor for more information.

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MCCP Information & Referral (Crisis Bed Locations)

Adult Crisis Homes: (45 day stay)
Crystal
Burnsville
Corcoran
Shakopee
Inver Grove Heights
Eagan

Children's Crisis Homes: (45 day stay)
Golden Valley
Jordan
Inver Grove Heights
Andover (CADI Waiver)

Adult Transition Home: (90 day stay)
Champlin

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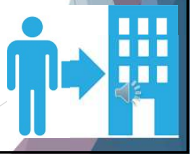
Information & Referral- Crisis Bed Placement

Once Referral is Made:

MCCP Specialist will contact you to triage the situation, explain current availability and prioritization process

Guardian will need to sign a release to get information to a crisis provider, if referred

Case managers should contact MCCP weekly with individual's status updates. Reach out to assigned specialist for updates and to update MCCP



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Information & Referral- Crisis Bed Placement

Once the Individual is Prioritized:

MCCP sends a "housing referral" to the crisis home

Crisis home reviews to see if they can serve that person at this time.

If the housing referral is accepted by the crisis home provider:

- Intake physical, current med orders, and other paperwork is needed
- Crisis provider schedules intake meeting and admission date

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Information & Referral- Crisis Home Stay

After the intake and move-in, the team will meet every two weeks for updates on stabilization and behavioral plans as well as discussions regarding transition support planning for a successful move out of the crisis home.

- It is required that the case manager and guardian attend these meetings.
- Crisis home admits are scheduled for up to 45 days (other than the transition home which is 90 days) and focus on transition planning begins at admission.

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Best Practices for Crisis Placement

County Case Managers

Coordination of all parties involved in current and future supports

- Provide all necessary and relevant documentation to ensure smooth transition into crisis bed – may require additional information beyond information provided initially to MCCP
- Attendance at all scheduled meetings – intake through discharge
- Active pursuit of appropriate long-term placement as needed, with a focus on a person-centered transition plan that includes both what is important to and for the person
- Frequent and consistent communication to team regarding efforts and progress in pursuit of long-term placement

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We do not...

Offer immediate placement	Provide long term placement/permanent placement	Allow/honor/ grant specific requests on location preferences
Assist in medical or therapeutic services	Make specific recommendations for alternative placements	Provide ongoing TA support while in the crisis home

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Additional Services

Need an open referral for the following:
- 24-hour emergency phone consultation
- Psychiatric Nurse on site for consultation
- Psychologist available for consultation
- Psychiatrists available for one time only consultation based on individual need and availability

Non-client specific training (i.e. ARRM, MSSA, agencies) call for more info

Serve as contact point (as designated by steering committee) for DHS – Community Support Services (CSS) -- Same process as TA referral

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Criteria & Costs for Technical Assistance

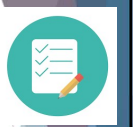
Available to all individuals with a qualifying intellectual disability or related condition or has a mental health diagnosis and is on a CADI Waiver (both 185 and non-185 eligible)

Individual generally needs to live within and have funding through the seven-county metro area (ie., Carver, Hennepin, Ramsey, Anoka, Washington, Scott, Dakota)

Service approval is required by the individual's DD or CADI case manager

Costs determined by services provided and funded through their waiver, billing person will reach out with service agreement and details

- For individuals on a CDCS plan: funding is fee for service and comes directly out of their budget
- I&R must be on the DD waiver, to access IDD for adults and children they need to be on a dd waiver by the day of admission – regular dd waiver



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When making a referral

Is the person **eligible**?

- IDD/RC or on CADI waiver
- Living in the Metro Area
- County approves pay if funding is outside of service area
- Does the Guardian approve?

What is the **greatest risk*?**

- Hospitalization, 911 or police involvement?
- Physical harm to self or others?
- Behavior interferes with ability to remain in natural community settings
- Worsening behavioral health symptoms

*Don't wait for things to fall apart! Refer proactively!

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Thinking About Making a Referral?

Which Support are you seeking?

Referral

- Technical Assistance
  Assessment & Considerations or
  4-Stage Crisis Plan
  Tools (visual supports)
  Staff Training
  One-time psychiatric consult
  - Staff Augmentation
  - CSS Passthrough
- Information & Referral (Crisis bed pool)

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Three Ways to Make A Referral

Always start with the referral form: **Download a PDF** from **www.metrocrisis.org**

If the referral is not an emergency (requiring response within 24 hours) and you do not want help with the process, you can fax or e-mail a fully completed referral with supporting documents at any time

- send completed referral form with the CSSP/CSP, IAPP/HSP, IEP, etc.

Fax: 612.869.6743

E-Mail: MCCP-Referrals@mtolivet-mora.org

- A Specialist will process it within 1 business day and a PSS will reach out to the team within 3 business days

If the referral is urgent or complicated or you have questions about how to best proceed, Call us! A MCCP Specialist will help guide you through the process

Call 612.869.6811 M-F 8:00am-4:00pm

- Follow up by sending the CSSP/CSP, IAPP/HSP, IEP, etc. to fax or email listed above

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Case Managers Role - Inform

Case managers **inform guardians about MCCP and get their approval**

- Use our website **www.metrocrisis.org** and fact sheet to explain MCCP Services
- CDCS Guardians must approve the allocation of funds
- If the client is their own guardian, they must agree to participate in services
- Make sure they "buy in." Services cannot take place without their approval

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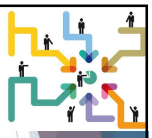
Case Managers Role - Coordination



Case managers are key in coordinating services and transitions

- Engage in ongoing involvement and communication with the team throughout the open case with MCCP
- Extend timely invitations to MCCP as appropriate for annuals and other team meetings
- Coordination of all parties involved in current and future supports. Take the lead in setting up IDT Meetings / assuring referrals which have been agreed upon by the individual's team which may be a result of considerations suggested by MCCP are made for the appropriate service (i.e. Therapy, OT, etc.)
- Update MCCP Specialist with any changes which may occur regarding contact information of team members or self during the course of MCCP's involvement

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Case Managers Role - Post Involvement

- Refer to plans and tools
- If there is a change in providers (day program, residential, etc.), reach out to new provider to ensure they have the documents provided during MCCP's involvement
- Can make a re-referral if needed, and can request same PSS if available
- Reach out to us to get tools if lost (misplaced) see if new referral is needed

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Thank you!
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